

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT-470)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT						
	NO.	DEF.	NO.	DEF.	NO.	DEF.					NO.
1							61				
2							62				
3							63				
4							64				
5							65				
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48											
49											
50											
TOTAL NO.	5						TOTAL NO.				
TOTAL DEF.	24						TOTAL DEF.				